

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# APPLICATION FOR REINSTATEMENT DOMESTIC COOPERATIVE

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

**FILING FEE: \$125** payable to SECRETARY OF STATE

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

1. The name of the cooperative is \_\_\_\_\_

Note: This must be the exact cooperative name.

2. The effective date of its administrative dissolution \_\_\_\_\_

**Any cooperative administratively dissolved may apply to the secretary of state for reinstatement within 2 years after the effective date of dissolution.**

3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties.

4. **Attached** hereto are **ALL** delinquent **annual reports** and **filing fees**.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me personally appeared

\_\_\_\_\_ known to me or satisfactorily proven to be the person who is described in, and who executed the within instrument and acknowledged to me that she/he/they executed the same.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

**Notarial Seal**